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ABSTRACT

To prevent the high-risk populations of learning disabled/behavior disordered (LD/BD) and educable mentally handicapped (EMH) students from developing substance abuse problems, these students must be educated with materials that are directed specifically at their social and mental levels. Project Oz, a social service agency in McLean County, Illinois, has developed substance abuse education curricula which focus on presenting factual information, teaching coping skills, and enhancing self-esteem for these populations. The curriculum for the EMH population is entitled "Me, Myself, and I!" and focuses on self-esteem through a videotape recording, teachers' manual, and learning activities. The curriculum targeting the LD/BD population is entitled "A Special Message" and provides lecture material, visual aids, learning activities, teachers' guides, and a parent component on drug use, stress management, decision making, peer pressure, self image, and risk taking. This paper includes a research-based rationale for the curriculum, citing incidence of substance abuse and outcomes of interventions. The paper also reports on the outcomes of 5 years of Project Oz's intensive effort to decrease drug use in a small rural school district. (20 references) (JDD)

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ALCOHOL/DRUG EDUCATION CURRICULUM DEVELOPMENT FOR SPECIAL SCHOOL POPULATIONS

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April 1990

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A situation exists among our nation's young people that, until now, has not been adequately addressed. Substance abuse is prevalent in our schools and effects handicapped as well as non-handicapped individuals. Research shows that both physically and mentally handicapped individuals are at risk of developing substance abuse problems. Further, their problems may be compounded by combining alcohol or other drugs with their prescription medicines. In an effort to prevent the high-risk populations of learning disabled/behavior disordered (LD/BD) and educable mentally handicapped (EMH) students from developing substance abuse problems, these people must be educated with materials that are directed specifically at their social and mental levels. Project Oz has developed substance abuse education curricula which include factual information, coping skills, and enhancing self-esteem for LD/BD and EMH students - populations previously overlooked in substance abuse education.

INTRODUCTION

Experimentation with alcohol and drugs is widespread among American youth. Ninety-one percent of the class of 1976 had used alcohol and 50% had used marijuana (Johnston, Bachman, & O'Malley, 1982). The development and implementation of substance abuse prevention programs within the educational structure had materialized over the last two decades with this increase in substance abuse by more youth at an even younger age. These prevention programs aim at a reduction or elimination of specific behaviors in students and rely on early intervention to combat a combination of factors that cause abuse-type behavior. Some of these factors are obvious: family environment, economic hardship coupled with social and cultural constraints, and lowered expectations. They operate under the premise that certain behavior can be modified by (1) a more complete knowledge of abuse substances and (2) development of resistance skills.

Typically, students in the learning disabled and behavior disordered setting have not received drug and alcohol education. Project Oz, founded in 1972, is a not-for-profit social service agency that provides drug education, crisis intervention, and related services to the residents of McLean County, Illinois. The staff at Oz have been presenting drug education classes to students since 1976. Project Oz was first funded to teach drug education and alcohol education courses to special education students in 1982. Research shows consistently that learning disabled/behavior disordered (LD/BD) students are at risk for drug and/or alcohol abuse.

RESEARCH

Data provided by Dean, et al., (1985), in The International Journal of Addictions confirms the notion that disabled (hearing impaired, speech impaired, spinal cord injured, visually impaired,

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and mentally retarded) and non-disabled students use alcohol and drugs in similar ways. Significant differences were found only in a few areas.

Learning and behavior disabled people report drinking at a younger age, have more citations for drinking and drug use, and more symptoms of depression than non-handicapped people. This group also has higher alcoholism rates among brothers, mothers, and maternal grandfathers, and their fathers are more likely to have drug related problems (Motet-Gringoras and Schuckit, 1986). The problems of drug use and disability can be passed on to future generations of a family, as well. Dr. Ira Chasnoff, Director of the Prenatal Clinic for Chemical Dependency at Northwestern University, notes that "FAS (Fetal Alcohol Syndrome) is the #1 cause of mental retardation in infants." (Chasnoff, 1987).

In the 1970s, the Office of Juvenile Justice and Delinquency conducted a study which identified the Learning Disability/Juvenile Delinquency link (Gallet and Gilligan, 1987). In juvenile and family courts across the nation, nearly half of the youth-at-risk have undetected learning disabilities that make it difficult for them to learn to read, write, compute mathematics, or understand spatial and perceptual relationships. Many of these youth go on to become involved in a life of petty crime and/or the drug scene.

Studies also support a genetic link between hyperactivity and alcoholism. Among adult psychiatric patients, those who had childhood hyperactivity are also more likely to be alcoholics (Morrison, 1980; Morrison, 1979; Morrison and Stewart, 1973).

In addition to the physical and environmental factors that lead to substance use and abuse by special populations, the emotional and social aspects are not to be dismissed. Among these are self-image, perceived pressures, the stresses of coping with handicaps, living conditions, and societal acceptance of their conditions.

Northwestern University's Director of the Chemical Dependency Program, Dr. Sidney Schnall, was interviewed by Robert Gorski, who reports that because impairment often creates social barriers between the disabled and the able-bodied, disabled persons have few opportunities to be with their able-bodied peers. According to Dr. Schnall this is particularly distressful for adolescents and young adults. Other problems cited by this interview are the lack of prevention and treatment services available to this population, and misuse of drugs. Further, this population has easy access to prescription drugs, yet they receive little or no drug education services.

A study by Krishef (1986) sampled 214 retarded individuals residing in Florida. As a group, they were aware of the availability of alcohol and believed drinking to be an acceptable form of behavior; 80% believed it was alright to drink, 52% reported they had used alcohol at one time, and 25% were currently using alcohol. It is interesting to note that these percentages do not differ significantly from the general population. In a sampling of drinking behavior conducted by Dinitto and Krishef (1983-84), it was found that the majority (52%) drank at home and 30% drank in taverns. They further report that these retarded persons found a social acceptance level in taverns that was absent in other parts of their communities.

This socialization and acceptance aspect agrees with a study done by Wenc (1980-81). Wenc examined the additional stresses and pressures of deinstitutionalization on mildly retarded persons and found that many persons experienced loneliness as they first re-entered the community, and they found taverns as a place to socialize.

In a study of physical and mental disabled clients in a center for independent living (Hepner, Randi, Kirhbaum, and Landes, 1980-81), it was found that 25% of the sample were abusing alcohol and/or drugs to the extent that such abuse led to social, mental, or physical dysfunctioning.

Studies by Huang (1981) and by Small (1981) both point to more perceived peer pressure, anxiety over special problems, and lack of adequate information as culprits in alcohol and drug use among mentally retarded persons. DeLuca (1980-81) states, "Because of the unusual stresses created by the disability itself as well as societal discrimination, physically and mentally disabled persons run a high risk of developing alcohol problems. Prevention programs targeted at handicapped children and young adults in school can reduce this vulnerability. In particular, because drugs are often required in treatment of disabilities, these students may face unusual risks if they drink, and should be informed of dangers of combining alcohol with their regularly prescribed medicine."

As part of the needs assessment of drug education for special populations in the schools, several researchers have tried to identify the causes and effects of drug/alcohol use and availability. Included in these studies are teachers, parents, and the students, themselves.

In a master's thesis written in 1984 by Margaret M. Wilson, "Substance Abuse and the Handicapped Adolescent," questionnaires were distributed to parents and teachers of handicapped students on the north side of Chicago. Wilson used the Chicago Board of Education's classification system for students needing special education services as the definition of "handicapped." Teachers (95%) were more likely than parents (63%) to view drug/alcohol usage among handicapped students as similar to that of other student groups. However, both groups agreed that drugs/alcohol are relatively easy for handicapped students to obtain.

The parents and teachers in Wilson's study agreed on the need for specific drug intervention and drug education programs for handicapped students. When asked "should specific drug education programs be aimed at handicapped students?", 89% of the parents and 87% of the teachers indicated they should.

In a California study, special education directors were asked to indicate the characteristics of handicapped students who dropped out by handicapping conditions (Jay and Padella, 1987). Districts that had learning handicapped drop-outs indicate that 48% of their students dropped out due to alcohol and drug problems. In the United States during 1985-86 school year, 26,644 learning disabled students between the ages of 16-21 years of age dropped out of school (U.S. Department of Education, 1988).

In 1980, Project Oz conducted a research program in a small, rural school district over a five-year period. Using a survey developed by the National Institute on Drug Abuse, Project Oz surveyed the entire student body from grade levels six through high school on their drug use patterns. Results were then compared to a national study which indicated that the drug use in this district was almost identical to the national average. Project Oz then initiated intensive teacher training, parent education, and helped the school administration to develop positive drug-free policies. After five years of this intensive effort in the district, the students were resurveyed along with several other school districts' students who had not received drug prevention initiatives. In the pilot district, drug use had dropped in every category at the junior high level, and at the high school level it dropped in all but two areas. In addition, when comparing this district's drug use to that of other schools which had not taken such aggressive initiatives, the difference was remarkable. Exhibits 1 and 2 illustrate the results of the surveys.

In an article published in the Summer 1988 issue of "Teaching Exceptional Children," Johnson (1988) states "Alcohol and drug education curricula must be developed that are geared toward the special needs of handicapped learners. Special education practitioners can draw upon the experience and resources of general education (FaFoglia, Bernard, and Perone, 1987), but in the long run, it will be necessary to develop braille translations, and offer differentiated value clarification for gifted learners." Greer (1986) recommends that special substance abuse methods and materials for individuals with disabilities need to be developed. He also recommends that alcohol and drug awareness programs for this population to be developed and implemented.

CONCLUSIONS

Research, though limited, consistently indicates a need for drug education among special populations. Areas researched to date include hearing impaired, mentally retarded, learning disabled, physically disabled, and hyperactive persons. Demographics (Illinois State Board of Education for the 1985-86 school year) show that 13% of all students in Illinois have some type of disability. Among that population, 50% are defined as LD/BD, and approximately 12% are EMH students. Given the need for substance abuse education for special populations and the number of individuals in our schools that would benefit from such education, it is apparent that such programs should be developed and put into action.

RESPONSE

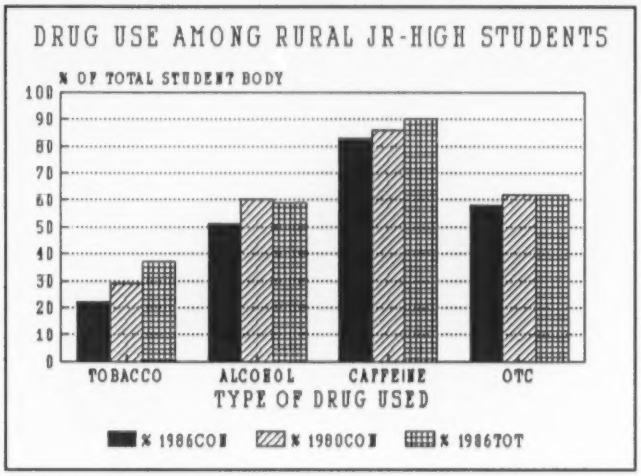
Project Oz has prepared two separate curricula for these significant special education populations. The materials are mental age appropriate; they are presented in a format understandable by the special population and are in tune with the social, work, and living level associated with their chronological ages. A limited number of concepts are presented, and are subsequently reinforced without being blurred by peripheral data. Formats to stimulate the visual, auditory, and kinesthetic senses are used.

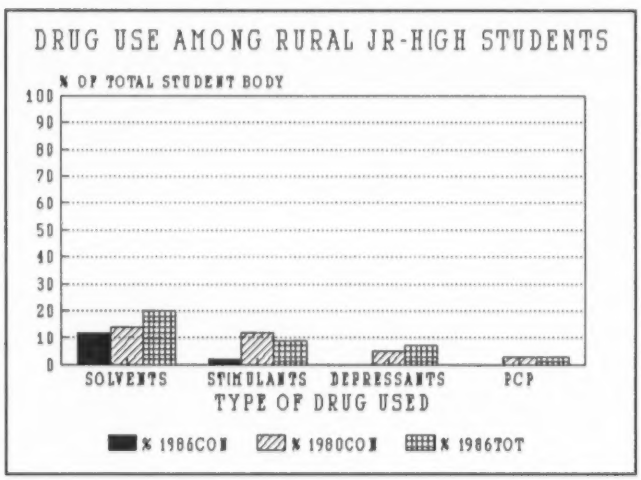
A teacher manual/video for the EMH population entitled "Me, Myself, and I!" was prepared especially for high school aged youth, and is an innovative approach to substance abuse education. This curriculum features a color video, a teacher manual, learning activities, and guides for using the materials. In addition to factual information, components include sections on "What is Self-Esteem?", "Where Does Self-Esteem Come From?", and "What Can I Do To Improve My Self-Esteem?"

The curriculum targeted for the LD/BD population entitled "A Special Message" includes lecture material, teachers' guides, behavioral objectives, visual aids, a parent component, and learning activities. Factual information on cocaine, AIDS, Fetal Alcohol Syndrome, alcohol, marijuana, inhalants, and tobacco is presented. Also, the topics of stress management, decision making, peer pressure and assertiveness, communication skills, self-image, and risk-taking are covered.

These materials are presented specifically to address the gap in the educational system for providing a significant population of students with the information they need to make informed decisions throughout their lives. The curricula developed by Project Oz provide a base not only for education of a vital area of an individual's social and personal development, but also a base for further research in how we, as educators, can be more effective in the educational growth of students in the special education populations.

Exhibit 1


DRUG USE AMONG RURAL JR-HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
70
60
50
40
30
20
10
0
TOBACCO
ALCOHOL
CAFFEINE
OTC
TYPE OF DRUG USED
% 1986COU
% 1980COU
% 1986TOT


DRUG USE AMONG RURAL JR-HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
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60
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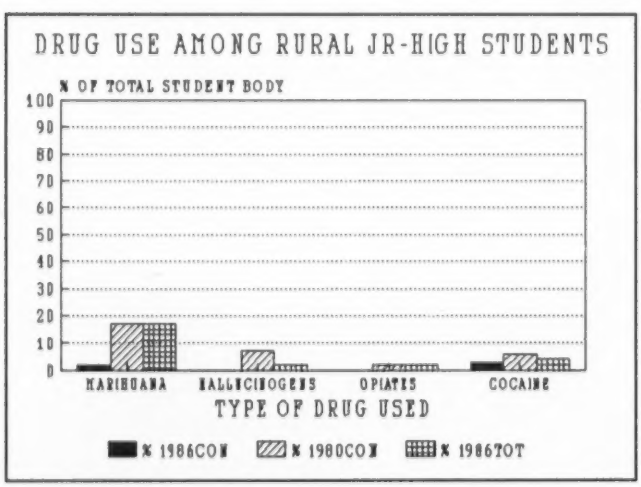
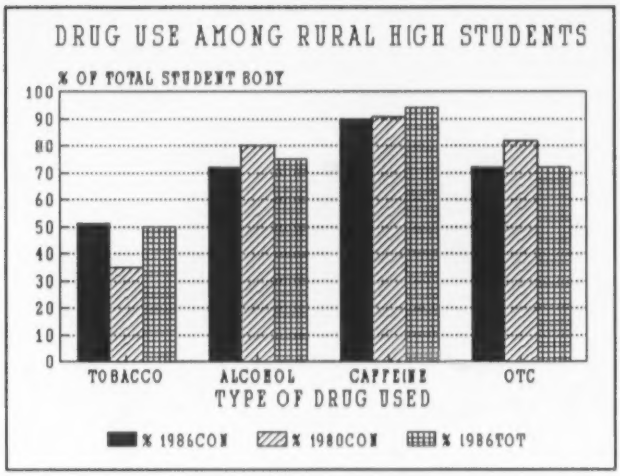
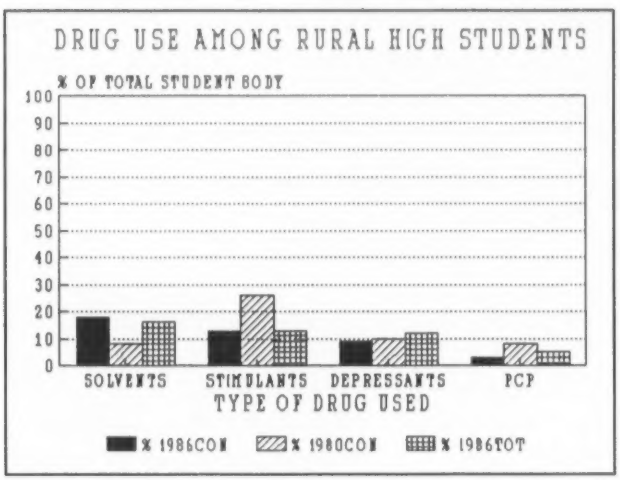
40
30
20
10
0
SOLVENTS
STIMULANTS
DEPRESSANTS
PCP
TYPE OF DRUG USED
% 1986COU
% 1980COU
% 1986TOT


DRUG USE AMONG RURAL JR-HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
70
60
50
40
30
20
10
0
MARIHUANA
HALLUCINOGENS
OPIATES
COCAINE
TYPE OF DRUG USED
% 1986COU
% 1980COU
% 1986TOT


DRUG USE AMONG RURAL HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
70
60
50
40
30
20
10
0
TOBACCO
ALCOHOL
CAFFEINE
OTC
TYPE OF DRUG USED
% 1986CON
% 1980CON
% 1986TOT


DRUG USE AMONG RURAL HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
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60
50
40
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20
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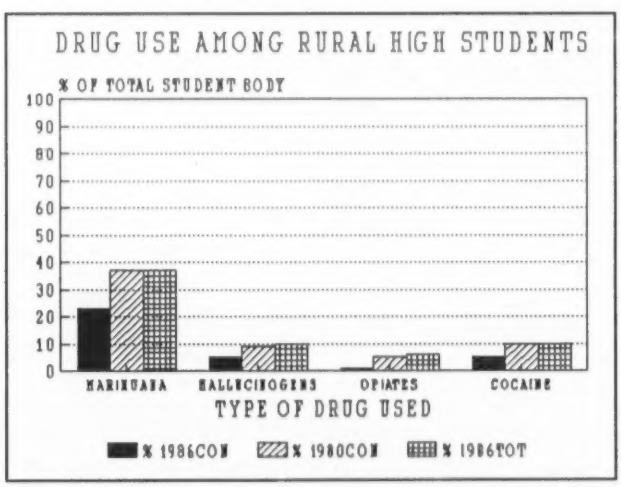
0
SOLVENTS
STIMULANTS
DEPRESSANTS
PCP
TYPE OF DRUG USED
% 1986CON
% 1980CON
% 1986TOT


DRUG USE AMONG RURAL HIGH STUDENTS
% OF TOTAL STUDENT BODY
100
90
80
70
60
50
40
30
20
10
0
MARIJUANA
HALLUCINOGENS
OPIATES
COCAINE
TYPE OF DRUG USED
% 1986CON
% 1980CON
% 1986TOT

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